



MARYLAND HEALTH CONNECTION

QUALITY REPORT 2013



Measuring the Quality and Performance of
Qualified Health Plans available through the
Maryland Health Connection

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MARYLAND HEALTH CONNECTION QUALITY REPORT

Thank you for your interest in the 2013 Maryland Health Connection Quality Report. This report details quality and performance information on various medical plans offered on Maryland Health Connection including health maintenance organizations (HMOs), preferred provider organizations (PPOs), point-of-service (POS) plans, and exclusive provider organizations (EPOs).

For 17 years, the Maryland Health Care Commission (MHCC) has been collecting quality data from insurance companies operating in the individual and small group markets in Maryland. MHCC and Maryland Health Connection have worked together to develop the 2013 Maryland Health Connection Quality Report as part of Maryland's efforts to implement the *Patient Protection and Affordable Care Act*.

We understand that shopping for health insurance is an important process for individuals, families and small businesses. To help Marylanders make choices, Maryland Health Connection displays a quality rating for each medical plan, as long as the insurance company offered plans to Maryland consumers in 2012. Each plan could achieve up to five stars, based on the healthcare services provided, satisfaction of enrollees, quality improvement activities performed within the organization, and the ability to provide services to diverse populations. All quality information is based on data collected in 2012 and is intended to help Marylanders understand recent quality and performance of plans.

For those consumers who want to have a greater understanding of the quality rating assigned to a plan, this report will provide details about the specific measures included in the 5-star rating for each insurance plan. Individuals, families, employers, and employees can use this report to compare benefit plans on performance measures that are closely linked to high quality, value-based care.

We hope that you find this report to be useful and informative as you make decisions on healthcare insurance.

Sincerely,



Rebecca Pearce
Executive Director
Maryland Health Benefit Exchange



Ben Steffen
Executive Director
Maryland Health Care Commission

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GENERAL INFORMATION

FEDERAL LEGISLATION THAT CREATED MARYLAND HEALTH CONNECTION

On March 23, 2010, the Patient Protection and Affordable Care Act (ACA) was signed into law by President Barack Obama. A key provision of the law requires each state to establish a health insurance exchange beginning January 1, 2014. A health insurance exchange is a *marketplace* to help individuals, families and small businesses shop for coverage through easy comparison of available plan options based on price, benefits and services, and quality.



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ABOUT MARYLAND HEALTH CONNECTION

The Maryland Health Connection Board of Directors developed policies for operating the core functions of Maryland's marketplace and adopted seven principles to ensure the health care needs of Maryland individuals, families, employers and employees would be met. These principles continue to guide the policy development and implementation decisions for Maryland Health Connection:

- 1 **Accessibility**—Maryland Health Connection should reduce the number of Marylanders without health insurance and improve access for all Marylanders.
- 2 **Affordability**—The affordability of coverage, within the exchange and within the state, is essential to improving Maryland's health care system and economy.
- 3 **Sustainability**—Maryland Health Connection will need to be sustainable in order to succeed in the long run.
- 4 **Stability**—Maryland Health Connection should promote solutions that respect existing strengths of our state's health care system and promote stability within the Exchange.
- 5 **Health Equity**—Maryland Health Connection should work to address longstanding, unjust disparities in health access and health outcomes in Maryland.
- 6 **Flexibility**—Maryland Health Connection should be nimble and flexible in responding to the quickly changing insurance market, health care delivery system, and general economic conditions in Maryland, while being sensitive and responsive to consumer demands.
- 7 **Transparency**—Maryland Health Connection is accountable to the public, and its activities should be transparent, its services easily available, and its information easily understandable by the populations it assists.

The ACA requires that, as of January 1, 2014, all small group and individual health benefit plans must cover a core set of "essential health benefits" as defined by the U.S. Department of Health and Human Services (HHS). Health benefit plans offered on Maryland Health Connection are referred to as Qualified Health Plans (QHPs) and must go through a rigorous review process to ensure the requirements of the ACA are met. Only authorized insurance companies that are approved by the State of Maryland can offer insurance coverage through Maryland Health Connection.



ABOUT MARYLAND HEALTH CONNECTION QUALITY REPORT 2013

For consumers shopping on Maryland Health Connection, 2012 quality and performance data from similar plans that were offered by each insurance company is used to evaluate qualified health plan (QHP) performance. Plan quality scores are displayed in a five-star rating format. The five-star rates are based on information published in the 2013 Health Benefit Plan Quality and Performance Report, which employs the following evaluation tools:

- Healthcare Effectiveness Data and Information Set (HEDIS™)
- Consumer Assessment of Health care Providers and Systems (CAHPS)
- Maryland Behavioral Health Assessment (BHA)
- Maryland Health Plan Quality Profile (QP)
- Maryland Race/Ethnicity, Language, Interpreters, and Cultural Competency (RELICC)

Using the quality and performance data from similar plans, each QHP has been assigned a score up to five stars. The results are displayed on Maryland Health Connection so consumers can see this information when they are shopping for a qualified health plan. It should be noted that quality data is not yet available for new plans, however a lack of quality data does NOT indicate a poor quality rating. All insurance companies listed on Maryland Health Connection have met all necessary requirements to offer plans to consumers in Maryland. This report outlines the development of the star rating system, components used in the rating system, and the final star rating of QHPs that are offered on Maryland Health Connection.

Consumers interested in viewing the detailed quality and performance information which forms the basis for the star ratings in this report, will need to view a copy of the 2013 Health Benefit Plan Quality and Performance Report. This report is produced annually by the Maryland Health Care Commission and details the quality and performance of various medical plans licensed to operate in Maryland, including health maintenance organizations (HMOs), preferred provider organizations (PPOs), point-of-service plans (POSs), and exclusive provider organizations (EPOs). The 2013 Health Benefit Plan Quality and Performance Report can be found using the following link: http://mhcc.dhmfh.maryland.gov/healthplan/Documents/20130920_HBP_QPR_2013.pdf.

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HEDIS is a trademark of the National Committee for Quality Assurance (NCQA)

QUALIFIED PLANS IN MARYLAND HEALTH CONNECTION

QUALIFIED HEALTH PLANS (QHPs)

Only authorized insurance companies (also referred to as “insurance carriers”) can offer insurance plans through the Maryland Health Connection. Most of these insurance carriers have a history of being evaluated and rated in the state of Maryland. There are new insurance carriers that have started offering plans in Maryland. These new carriers are listed here. New carriers must meet all the same requirements to offer plans on Maryland Health Connection but do not have a history of being rated in the state. This does not mean these are low quality plans. This simply means Maryland does not yet have data to be able to provide a quality score.

Legacy Qualified Health Plan Carriers Registered for Enrollment in 2014

Health Insurance Carrier Legal Name	Product Type	Report Name
HMO		
Aetna Health, Inc. (Pennsylvania) - Maryland	HMO/POS Combined	Aetna Marketplace HMO
CareFirst BlueChoice, Inc.	HMO/POS Combined	BlueChoice Marketplace HMO
Coventry Health Care of Delaware, Inc.	HMO/POS Combined	Coventry Marketplace HMO
Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.	HMO/POS Combined	Kaiser Marketplace HMO
UnitedHealthcare of the Mid-Atlantic, Inc.	HMO/POS Combined	United Marketplace HMO
(UnitedHealthcare) Optimum Choice, Inc.	HMO/POS Combined	OCI Marketplace HMO
PPO		
Aetna Life Insurance Company (MD/DC)	PPO/EPO Combined	Aetna Marketplace PPO
CareFirst of Maryland, Inc.	PPO/EPO Combined	BluePreferred Marketplace PPO
Group Hospitalization and Medical Services, Inc. (a CareFirst plan)	PPO	BluePreferred Marketplace PPO
Coventry Health and Life Insurance Company	PPO	Coventry Marketplace PPO
UnitedHealthcare Insurance Company (Maryland)	PPO/POS Combined	United Marketplace PPO
(UnitedHealthcare) MAMSI Life and Health Insurance Company	PPO	MAMSI Marketplace PPO



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New Entrant Qualified Health Plan Carriers Registered for Enrollment in 2014

Health Insurance Carrier Legal Name	Product Type	Report Name
PPO		
Evergreen PPO statewide (lease network)	PPO	Evergreen Marketplace PPO
EPO		
All Savers Insurance Company EPO (a United Healthcare plan for inside the Exchange)	EPO	All Savers Marketplace EPO
Evergreen EPO in Baltimore City/PG/Howard	EPO	Evergreen Marketplace EPO



New carriers must meet all the same requirements to offer plans on Maryland Health Connection but do not have a history of being rated in the state through the past year.

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QUALIFIED DENTAL PLANS (QDPs)

For the Maryland Health Connection, a number of dental carriers have been authorized to offer plans on Maryland Health Connection. At this time, the state of Maryland is not collecting quality data for these carriers. Because of this, no performance data is available on these carriers.

New Entrant Dental Carriers Granted a License

Dental Plan Name	Dental Insurance Carrier Legal Name	Dental Plan Type
DeltaCare USA Plan 85 for Children + Basic for Adults	Alpha Dental Programs, Inc.	DHMO
DeltaCare USA Plan 70 for Children + Basic for Adults	Alpha Dental Programs, Inc.	DHMO
DeltaCare USA Plan 70 for Children	Alpha Dental Programs, Inc.	DHMO
DeltaCare USA Plan 85 for Children	Alpha Dental Programs, Inc.	DHMO
DeltaDental PPO Plan 70 for Children	Delta Dental of Pennsylvania	DPPO
Delta Dental PPO Plan 85 for Children	Delta Dental of Pennsylvania	DPPO
DeltaDental PPO Plan 70 for Children + Basic for Adults	Delta Dental of Pennsylvania	DPPO
Delta Dental PPO Plan 85 for Children + Basic for Adults	Delta Dental of Pennsylvania	DPPO
Family High	DentaQuest Mid-Atlantic, Inc.	DEPO
Family Low	DentaQuest Mid-Atlantic, Inc.	DEPO
Pediatric High	DentaQuest Mid-Atlantic, Inc.	DEPO
Pediatric Low	DentaQuest Mid-Atlantic, Inc.	DEPO
Access PPO	Dominion Dental Services, Inc.	DPPO
Access PPO Kids	Dominion Dental Services, Inc.	DPPO
Select Plan	Dominion Dental Services, Inc.	DHMO
Select Plan Kids	Dominion Dental Services, Inc.	DHMO
Smile for Health Child C60A60	United Concordia Life and Health Ins Co.	DPPO
Smile for Health Child C80A70	United Concordia Life and Health Ins Co.	DPPO
Smile for Health Family C80A70	United Concordia Life and Health Ins Co.	DPPO
Smile for Health Family C60A60	United Concordia Life and Health Ins Co.	DPPO
No plan names available – SHOP market only	BEST Life and Health Insurance Company	DPPO
No plan names available – SHOP market only	The Guardian Life Insurance Company of America	DPPO
No plan names available – SHOP market only	Metropolitan Life Insurance Company	DPPO



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QUALIFIED HEALTH PLAN (QHP) PERFORMANCE RATINGS

RATIONALE FOR HDC 5-STAR™

Maryland Health Connection uses a simple method for rating the performance of each QHP that was developed by HealthcareData Company, LLC (HDC). The rating method provides a visual representation of overall plan quality and performance so that consumers can more easily make comparisons among health plans.

The HDC 5-Star™ Quality and Performance Rating System uses performance measures and indicators currently reported by the insurance carriers to the Maryland Health Care Commission. Each measure and indicator is assigned a weight in order to take account of how important the particular measure or indicator is presumed to be to consumers. For example, an insurance carrier’s performance on health care quality clinical measures and indicators are given a greater weight than their performance on measures and indicators that relate to a consumer satisfaction survey of their members. Insurance carriers are evaluated on each of the weighted performance measures and indicators they report on and are then awarded an overall star rating of 1 to 5 stars, with 5 stars being the highest. It should be noted that this overall star rating is rounded up to the nearest half-star increment.

Consideration should be made when comparing carriers by star rating. A carrier with less than 5 stars is not below standard. When compared to the national average a carrier may have strengths and weaknesses, that same carrier may be providing excellent service when compared with carriers outside of Maryland. It is best to compare those areas that address your individual concerns to ensure the level of care you desire.

The rating method provides a visual representation of overall plan quality and performance so that consumers can more easily make comparisons among health plans.

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DESCRIPTION FOR 5-STAR

Please refer to Appendix 1 for a diagram of the 5-star rating process.

Three steps are used to produce a star rating for each Qualified Health Plan. The following outline presents how the star rating system works:

Given: 2012 health benefit plan quality and performance data is being used as a “proxy” or close substitute for quality and performance data of similar qualified health plans (QHPs) and quality and performance measures and indicators have been weighted to account for their level of importance.

Step 1: The **Basic Star Score** is determined by comparing plan performance on the selected measure or indicator to the national average benchmark for the same measure or indicator. Each QHP reports on many clinical measures and indicators plus some non-clinical measures. The performance score for each clinical measure and indicator is compared to percentile rankings produced by the National Committee for Quality Assurance (NCQA). Basic Star Scores are assigned to each of these measures and indicators based on QHP performance against the national average benchmark and according to the following percentile schedule:

- 0 to 10th percentile ★
- 11th to 25th percentile ★★
- 26th to 50th percentile ★★★
- 51st to 75th percentile ★★★★★
- Above the 75th percentile ★★★★★★

Please refer to Appendix 1 for a listing of the clinical and non-clinical measures and indicators.

Step 2: The **Weighted Star Score** is determined by multiplying the Basic Star Score from Step 1 by the weight assigned to the same individual measure or indicator.

Please refer to Appendix 2 for more information on weighting of measures and indicators.

Step 2a: The **HEDIS™ Category Weighted Star Score** is determined by calculating the sum of Weighted Star Scores for individual measures and indicators within each of the eight categories of clinical measures and indicators with a fixed weight of 0.81% for each measure and indicator.

Step 2b: The **CAHPS Category Weighted Star Score** is determined by repeating steps 1 and 2, then calculating the sum of the Weighted Star Scores for measures within each of the five categories of non-clinical measures with a fixed weight of 1.5% for each CAHPS category.



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Step 2c: The **Sufficiency Category Weighted Star Score** is determined by the comprehensiveness of the non-clinical measure being reported. One star is assigned if insufficient or no information is reported for these measures and five stars if the measure is completely reported. If five stars, then each non-clinical measure is assigned a maximum value that carries a fixed weight of 4.9%. This includes performance on the Maryland Health Plan Quality Profile and the Maryland Plan Behavioral Health Assessment plus a fixed weight of 4.9% for performance on the Maryland Race/Ethnicity, Language, Interpreters, and Cultural Competency Assessment.

Step 3: The final **5-STAR Rate** for each QHP is then determined by calculating the sum of the Category Weighted Star Scores from steps 2a, 2b, and 2c, then rounding up to the nearest half-star increment.

Performance Measures Used in Scoring

Please refer to Appendix 1 for a detailed listing of all performance measures/indicators used in calculating the star rating.

Assignment of Weights and Measure Contributions

Please refer to Appendix 2 for a detailed listing of the major performance areas used in the star rating.

Sample of Scoring

For a sample of scoring using the HDC 5-Star™ Performance Evaluation System, please refer to Appendix 3 for a table depicting the star rating process.



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PERFORMANCE RATING TABLE FOR MARYLAND QHPs

Report-Level Name	QHP Name	Carrier	Plan Type	QHP Type	Overall Star Rating
HMO					
BlueChoice Marketplace HMO/POS	BlueChoice Gold \$0	CareFirst BlueChoice, Inc.	HMO	Legacy	★★★★
	BlueChoice Gold \$1,000	CareFirst BlueChoice, Inc.	HMO	Legacy	★★★★
	BlueChoice HSA Bronze \$4,000	CareFirst BlueChoice, Inc.	HMO	Legacy	★★★★
	BlueChoice HSA Bronze \$6,000	CareFirst BlueChoice, Inc.	HMO	Legacy	★★★★
	BlueChoice HSA Silver \$1,300	CareFirst BlueChoice, Inc.	HMO	Legacy	★★★★
	BlueChoice Plus Bronze \$5,500	CareFirst BlueChoice, Inc.	POS	Legacy	★★★★
	BlueChoice Plus Silver \$2,500	CareFirst BlueChoice, Inc.	POS	Legacy	★★★★
	BlueChoice Silver \$2,000	CareFirst BlueChoice, Inc.	HMO	Legacy	★★★★
	HealthyBlue Gold \$1,500	CareFirst BlueChoice, Inc.	POS	Legacy	★★★★
	HealthyBlue Platinum \$0	CareFirst BlueChoice, Inc.	POS	Legacy	★★★★
	BlueChoice Young Adult \$6,350 This is a catastrophic plan	CareFirst BlueChoice, Inc.	HMO	Legacy	★★★★
Kaiser Permanente Marketplace HMO	KP MD Bronze 4,500/50%/Dental	Kaiser Foundation Health Plan	HMO	Legacy	★★★★★
	KP MD Bronze 4,500/50%/HSA/Dental	Kaiser Foundation Health Plan	HMO	Legacy	★★★★★
	KP MD Bronze 5,000/30%/HSA/Dental	Kaiser Foundation Health Plan	HMO	Legacy	★★★★★
	KP MD Catastrophic 6,350/0/Dental	Kaiser Foundation Health Plan	HMO	Legacy	★★★★★
	KP MD Gold 0/20%/Dental	Kaiser Foundation Health Plan	HMO	Legacy	★★★★★
	KP MD Gold 1,000/20%/Dental	Kaiser Foundation Health Plan	HMO	Legacy	★★★★★
	KP MD Silver 1,500/30%/Dental	Kaiser Foundation Health Plan	HMO	Legacy	★★★★★
	KP MD Silver 1,750/25%/HSA/Dental	Kaiser Foundation Health Plan	HMO	Legacy	★★★★★
	KP MD Silver 2,500/30%/Dental	Kaiser Foundation Health Plan	HMO	Legacy	★★★★★

continued

PERFORMANCE RATING TABLE FOR MARYLAND QHPs CONTINUED

Report-Level Name	QHP Name	Carrier	Plan Type	QHP Type	Overall Star Rating
PPO					
BluePreferred Marketplace PPO	BluePreferred HSA Bronze \$3,500	CareFirst of Maryland, Inc.	PPO	Legacy	★★★★☆
	BluePreferred Platinum \$0	CareFirst of Maryland, Inc.	PPO	Legacy	★★★★☆
	BlueCross BlueShield Preferred 500, a Multi-State Plan	CareFirst of Maryland, Inc.	PPO	Legacy	★★★★☆
	BlueCross BlueShield Preferred 1,500, a Multi-State Plan	CareFirst of Maryland, Inc.	PPO	Legacy	★★★★☆
BluePreferred Marketplace PPO	BluePreferred HSA Bronze \$3,500	Group Hospitalization and Medical Services, Inc.	PPO	Legacy	★★★★☆
	BluePreferred Platinum \$0	Group Hospitalization and Medical Services, Inc.	PPO	Legacy	★★★★☆
	BlueCross BlueShield Preferred 500, a Multi-State Plan	Group Hospitalization and Medical Services, Inc.	PPO	Legacy	★★★★☆
	BlueCross BlueShield Preferred 1,500, a Multi-State Plan,	Group Hospitalization and Medical Services, Inc.	PPO	Legacy	★★★★☆
EPO					
All Savers Marketplace EPO	Bronze Copay Select	All Savers (United Healthcare)	EPO	New Plan	New Entrant 2014
	Bronze HSA 100	All Savers (United Healthcare)	EPO	New Plan	New Entrant 2014
	Gold Copay Select 1	All Savers (United Healthcare)	EPO	New Plan	New Entrant 2014
	Select Saver This is a catastrophic plan	All Savers (United Healthcare)	EPO	New Plan	New Entrant 2014
	Silver Copay Select 1	All Savers (United Healthcare)	EPO	New Plan	New Entrant 2014
	Silver Copay Select 2	All Savers (United Healthcare)	EPO	New Plan	New Entrant 2014
	Silver Copay Select 3	All Savers (United Healthcare)	EPO	New Plan	New Entrant 2014
	Silver HSA 100	All Savers (United Healthcare)	EPO	New Plan	New Entrant 2014
Evergreen Marketplace EPO	Evergreen Health Care – Gold Plus Plan	Evergreen Health Cooperative	HMO	New Plan	New Entrant 2014
	Evergreen Health Care – Gold Plan	Evergreen Health Cooperative	HMO	New Plan	New Entrant 2014
	Evergreen Health Care – Silver Plus Plan	Evergreen Health Cooperative	HMO	New Plan	New Entrant 2014
	Evergreen Health Care – Silver Plan	Evergreen Health Cooperative	HMO	New Plan	New Entrant 2014
	Evergreen Health Insurance – Gold Plus Plan	Evergreen Health Cooperative	POS	New Plan	New Entrant 2014
	Evergreen Health Insurance – Gold Plan	Evergreen Health Cooperative	POS	New Plan	New Entrant 2014
	Evergreen Health Insurance – Silver Plus Plan	Evergreen Health Cooperative	POS	New Plan	New Entrant 2014
	Evergreen Health Insurance – Silver Plan	Evergreen Health Cooperative	POS	New Plan	New Entrant 2014
Evergreen Health Insurance – Bronze Plan	Evergreen Health Cooperative	POS	New Plan	New Entrant 2014	

PERFORMANCE RATING TABLE FOR MARYLAND CARRIERS OFFERING PLANS TO SMALL BUSINESSES

Plan	MHCC Report-Level Name	Legacy Quality Rating
(UnitedHealthcare) MAMSI Life and Health Insurance Company	MAMSI Marketplace PPO	★★★★★
Aetna Health, Inc. (Pennsylvania) - Maryland	Aetna Marketplace HMO	★★★★☆
Aetna Life Insurance Company (MD/DC)	Aetna Marketplace PPO	★★★★★
All Savers Insurance Company EPO (a United Healthcare plan for inside the Exchange)	All Savers Marketplace EPO	New Entrant 2014
CareFirst BlueChoice, Inc.	BlueChoice Marketplace HMO	★★★★★
CareFirst of Maryland, Inc.	BluePreferred Marketplace PPO	★★★★☆
Group Hospitalization and Medical Services, Inc.	BluePreferred Marketplace PPO	★★★★☆
Coventry Health and Life Insurance Company	Coventry Marketplace PPO	★★★★☆
Coventry Health Care of Delaware, Inc.	Coventry Marketplace HMO	★★★★☆
Evergreen EPO in Baltimore City/PG/Howard	Evergreen Marketplace EPO	New Entrant 2014
Evergreen PPO statewide (lease network)	Evergreen Marketplace PPO	New Entrant 2014
Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.	Kaiser Permanente Marketplace	★★★★★
UnitedHealthcare Insurance Company (Maryland)	United Marketplace PPO	★★★★★
UnitedHealthcare of the Mid-Atlantic, Inc.	United Marketplace HMO	★★★★☆
UnitedHealthcare Optimum Choice, Inc.	OCI Marketplace HMO	★★★★☆

These carriers will be offering plans only to small businesses through Maryland Health Connection beginning January 1, 2014.

INFORMATION ON KEY REPORTING METHODOLOGIES

PLAN RATING METHODS – HEDIS™

Healthcare Effectiveness Data and Information Set (HEDIS™) is a tool developed by the National Committee for Quality Assurance (NCQA) to gather information on how well health plans provide a standard set of services. The set of services are called HEDIS™ measures. Ratings based on the HEDIS™ measures help consumers compare health plans' performance on each measure or indicator.

The Maryland Health Care Commission contracted HDC to audit all of Maryland Health Connection plans based on 2013 HEDIS™ measures. The audit reviewed how well each insurance company collected data on its benefit services, and how well each company performed on the measures.

HEDIS™ software is used to evaluate each health plan's data. Health plans gather and report on several types of data:

- 1 Administrative data from patient claims, visits, encounters, and even pharmacy or behavior health encounters
- 2 Supplemental data from immunization registries, lab results, case management files and medical records
- 3 Medical record data from paper or electronic medical records

The percentages of data obtained from one data source versus another vary widely among health benefit plans, making it inappropriate to make across-the-board statements about the need for, or positive impact of, one method versus another. In fact, an organization's yield from the hybrid method may impact the final rate by only a few percentage points, an impact that is also achievable through improvement of administrative data collection systems.

Upon completion, the auditor approves the rate/result of each measure included in the HEDIS™ report. If the auditor determines that a measure is biased, the organization cannot report a rate for that measure and the auditor assigns the designation of NR. Bias is based on the degree of error or data completeness for the data collection method used. The performance scores presented in this report reflect only measures deemed "Reportable" by the HEDIS™ auditor.



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PLAN RATING METHODS – CAHPS

The Consumer Assessment of Healthcare Providers and Systems (CAHPS) is a set of surveys overseen by the U.S. Department of Health and Human Services Agency for Healthcare Research and Quality (AHRQ). These surveys capture patient, health plan member and consumer satisfaction about their healthcare experiences. The Maryland Health Care Commission used *CAHPS Health Plan Survey 5.0H Adult Version*.

The core of the CAHPS survey is a set of questions used to measure satisfaction with the experience of care and includes questions that reflect overall satisfaction and multi-question composites that summarize responses in key areas. Respondents are asked to use various scales (e.g., 1–10 or Usually/Always) to rate their doctors, specialists, experience with all health care, and their health benefit plan.

MHCC contracted with WB&A Market Research, a survey vendor specializing in health care and other consumer satisfaction surveys, to administer the survey to members of the various health benefit plans included in this report.

In addition, MHCC contracted with a licensed HEDIS™ audit firm, HealthcareData Company, LLC, to review programming codes used to create the list of eligible members to take part in the survey and to validate the integrity of the sample frame of those members before WB&A Market Research randomly drew from the sample and administered the survey. Survey data collection began in mid-February 2013 and lasted into May 2013. Summary-level data files generated by NCQA were distributed in June 2013 to each health benefit plan for a review of data before the authorized health benefit plan representative signed off attesting to the accuracy of the data pertaining to their health benefit plan that are now included in this public report.

The core of the CAHPS survey is a set of questions used to measure satisfaction with the experience of care and includes questions that reflect overall satisfaction and multi-question composites that summarize responses in key areas.

SURVEY METHODS AND PROCEDURES

Sampling: Eligibility and Selection Procedures

Health benefit plan members who are eligible to participate in the *CAHPS Health Plan Survey 5.0H, Adult Version* had to be 18 years of age or older as of December 31 of the 2012 measurement year. They also had to be continuously enrolled in the commercial health benefit plan for at least 11 of the 12 months of 2012, and remain enrolled in the health benefit plan in 2013. Enrollment data sets submitted to the CAHPS vendor are sets of all eligible members—the relevant population. All health benefit plans are required to have their CAHPS data set (sample frame) audited by the licensed HEDIS™ auditor before the data is sent to the survey vendor.

Survey Protocol

The CAHPS survey employs a rigorous, multistage contact protocol that features a mixed-mode methodology consisting of a mail process and telephone follow-up attempts. This protocol is designed to maximize response rates and give different types of responders a chance to reply to the survey in a way that they find comfortable. For example, telephone responders are more likely to be younger, healthier, and male.

RELICC

The Maryland Race/Ethnicity, Language, Interpreters, and Cultural Competency Assessment, or RELICC, is a quality and performance measurement tool customized for the State of Maryland by the MidAtlantic Business Group on Health/National Business Coalition on Health. The tool focuses on how plans are working to eliminate health disparities in the State of Maryland by targeting issues surrounding race/ethnicity, language, interpreter need, and cultural competency.

QUALITY PROFILE

The Maryland Health Plan Quality Profile is also a Maryland-specific quality tool that offers a summary of initiatives provided by each carrier to a special theme established each year. For 2013, this theme is “Leadership Actions In Healthcare Delivery.” The theme focuses on actions taken by each organization’s leaders toward progressive programs that respond to the Affordable Care Act, changes in demographics, required services, and patient expectations.

BEHAVIORAL HEALTH ASSESSMENT

The Maryland Plan Behavioral Health Assessment is another Maryland-specific quality tool that details the plan’s behavioral health care provider network. Information provided in the tool includes total members with behavioral health benefits, Maryland counties where plan operates, total behavioral health providers available, accreditation status of behavioral health vendor, and percentage of psychiatrists who are board certified.

APPENDICES

APPENDIX 1 – SAMPLE OF SCORING USING THE HDC 5-STAR™ PERFORMANCE EVALUATION SYSTEM

Code	Measures	Categories	Rate %	Stars 1 – 5	Weight	Value	Notes
Primary Care and Wellness for Children and Adolescents							
CAP	Children and Adolescent's Access to Primary Care Providers:						STEP 2
	• 12 – 24 months		98.72%	4 x	0.00811	0.03244	STEP 1
	• 25 months – 6 years		93.65%	4	0.00811	0.03244	
	• 7 – 11 years		94.95%	5	0.00811	0.04055	STEP 2a
	• 12 – 19 years		89.36%	3	0.00811	0.02433	
						Category Total	0.51093
Chronic Disease for Children and Adolescents							
						Category Total	0.22708
Womens Health							
						Category Total	0.12165
Primary Care and Wellness for Adults							
						Category Total	0.34873
Chronic Disease for Adults							
						Category Total	0.73801
Behavioral Health							
						Category Total	0.21897
(Special Emphasis Areas: HEDIS Measures) Wellness & Prevention							
						Category Total	0.21086
(Special Emphasis Areas: HEDIS Measures) Chronic Diseases							
						Category Total	0.25141
CAHPS Measures							
r42	Rating of Health Plan		66.25%	3	0.01500	0.045	
rsvc	Customer Service Composite		84.97%	3	0.01500	0.045	
rgcq	Getting Care Quickly Composite		83.91%	2	0.01500	0.030	
rgnc	Getting Needed Care Composite		84.67%	3	0.01500	0.045	STEP 2b
rdoc	How Well Doctors Communicate Composite		92.51%	2	0.01500	0.030	
						Category Total	0.19500
Maryland Plan Behavioral Health Assessment							
	Reported		100.00%	5	0.02450	0.1225	
						Category Total	0.12250
Maryland Health Plan Quality Profile							
	Reported		100.00%	5	0.02450	0.1225	STEP 2c
						Category Total	0.12250
Qualified Health Plan Focus on Cultural and Ethnic Diversity of Membership (RELICC)							
	Reported		100.00%	5	0.04900	0.245	
						Category Total	0.24500
						Value Total	3.31264

Given: 2012 health benefit plan quality and performance data is being used as a “proxy” or close substitute for quality and performance data of similar qualified health plans (QHPs) and quality and performance measures and indicators have been weighted to account for their level of importance.

STEP 1: Basic Star Score is based on QHP performance against the national average benchmark – 4 stars here

STEP 2: Weighted Star Score is based on multiplying the Basic Star Score by the weight of the measure or indicator – about 0.032 of a star here

STEP 2a: HEDIS™ Category Weighted Star Score is based on the sum of the Weighted Star Scores in each of eight HEDIS categories – about 0.511 of a star here...plus 7 more category totals

STEP 2b: CAHPS Category Weighted Star Score is based on the sum of the Weighted Star Scores in each of five CAHPS categories – about 0.195 of a star here...for all 5 category totals

STEP 2c: Sufficiency Category Weighted Star Score is based on the sufficient completion of the 3 Maryland-specific quality tools – about 0.12, 0.12 & 0.25 of a star here... for the 3 category totals

STEP 3: 5-STAR Rate for each QHP is based on the sum of the Category Weighted Star Scores – about 3.31 stars here

APPENDIX 2 – ASSIGNMENT OF WEIGHTS AND MEASURE CONTRIBUTIONS

- 1 Each HEDIS™ measure is assigned a weight of 0.81%. (Note: Some measures have multiple components; each component is assigned a weight of 0.81%.)
- 2 These measures, of which 14.6% are “Special Emphasis” measures selected in consultation with Maryland state government officials who identified the areas of interest (see item (3), below), account for 82.7% of the scoring.
- 3 The percentages by HEDIS™ category are:

■ Primary Care and Wellness for Children and Adolescents	14.6%
■ Chronic Disease for Children and Adolescents	8.1%
■ Women’s Health	4.1%
■ Primary Care and Wellness for Adults	10.5%
■ Chronic Disease for Adults	24.3%
■ Behavioral Health	6.5%
■ “Special Emphasis” on Wellness and Prevention	6.5%
■ “Special Emphasis” on Chronic Diseases	8.1%
- 4 Five CAHPS categories are each assigned a 1.5% weight for a total of 7.5% of the scoring. The categories include:

■ Rating of Health Plan	■ Getting Needed Care Composite
■ Customer Service Composite	■ How Well Doctors Communicate Composite
■ Getting Care Quickly Composite	
- 5 In total, the HEDIS™ and CAHPS measures account for 90.2% of the total scoring.
- 6 Combined performance on the Maryland Health Plan Quality Profile and the Maryland Plan Behavioral Health Assessment is assigned a weight of 4.9% of the total scoring – and the scoring is based on the sufficiency of QHP’s completion of the two quality tools.
- 7 Performances on the Maryland Race/Ethnicity, Language, Interpreters, and Cultural Competency (RELICC) Assessment is assigned a weight of 4.9% of the total scoring – and this scoring is based on the sufficiency of QHP’s submission of a completed RELICC Assessment evaluation instrument.



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APPENDIX 3 – PERFORMANCE MEASURES USED IN STAR RATING SCORING

Primary Care and Wellness for Children and Adolescents

- Children and Adolescent's Access to Primary Care Providers
 - 4 Age Groups
 - 12-24 months
 - 25 months-6 years
 - 7-11 years
 - 12-19 years
- Well Child Visits in the First 15 Months of Life – 0 visits with a PCP
- Well Child Visits Age 3, 4, 5, 6 Years of Age
- Childhood Immunization Services – Combo 10
- Adolescent Well Care Visits
- Immunization for Adolescents – Combo 1
- Human Papillomavirus Vaccine for Female Adolescents
- Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents
 - 3 Indicators – Two age groups per indicator (3-11 years, 12-17 years)
 - BMI Percentile
 - Counseling for Nutrition
 - Counseling for Physical Activity
- Appropriate Testing for Children with Pharyngitis
- Appropriate Treatment for Children with Upper Respiratory Infection

Chronic Disease for Children and Adolescents

- Follow-up Care For Children Prescribed ADHD Medications
 - 2 Indicators
 - Initiation Phase
 - Continuation Phase
- Use of Appropriate Medications for People with Asthma**
- Asthma Medication Ratio**

** Two age groups reported for each measure: 5-11 years and 12-18 years

Chronic Disease for Children and Adolescents continued

- Medication Management for People with Asthma (2 rates for each age group – 50%, 75%)**

Women's Health

- Breast Cancer Screening
- Cervical Cancer Screening
- Chlamydia Screening in Women
- Prenatal and Postpartum Care – Prenatal Visit
- Prenatal and Postpartum Care – Postpartum Visit

Primary Care and Wellness for Adults

- Adults' Access to Preventive/Ambulatory Health Services
 - 3 Age Groups
 - 20-44 years
 - 45-64 years
 - 65 years +
- Avoidance of Antibiotic Treatment in Adults with Acute Bronchitis
- Disease-Modifying Anti-Rheumatic Drug Therapy for Rheumatoid Arthritis
- Use of Imaging Services for Low Back Pain
- Adult Body Mass Index Assessment
- Colorectal Cancer Screening
- Annual Monitoring for Patients on Anticonvulsants
- Flu Shots for Adults Ages 50-64 years
- Medical Assistance With Smoking and Tobacco Use Cessation
 - Advising Smokers and Tobacco Users to Quit
 - Discussing Cessation Medications
 - Discussing Cessation Strategies

Chronic Diseases for Adults

Asthma

- Use of Appropriate Medications for People with Asthma**
- Asthma Medication Ratio**
- Medication Management for People with Asthma (2 rates for each age group – 50%, 75%)**

Cardiovascular Conditions

- Cholesterol Management for Patients with Cardiovascular Conditions
 - 2 Indicators*
 - LDL Screening
 - LDL Level < 100 mg/dL
- Persistence of Beta Blocker Treatment after Heart Attack
- Annual Monitoring for Patients on
 - Digoxin
 - Angiotensin receptor blockers
 - Diuretics
- Aspirin Use and Discussion
 - Aspirin Use
 - Discussing Aspirin Risks and Benefits

COPD

- Use of Spirometry Testing in the Assessment and Diagnosis of COPD
- Pharmacotherapy Management of COPD Exacerbation
 - 2 Indicators*
 - Corticosteroid
 - Bronchodilator

** Note: Two age groups reported for each measure: 19-50 years and 51-64 years

Diabetes

■ Comprehensive Diabetes Care

10 Indicators

- Hemoglobin HbA1c testing
- HbA1c Poor Control > 9
- HbA1c control < 8
- HbA1c control < 7 for a selected population
- Exam Performed
- LDL-C Screening
- LDL-C Control < 100
- Medical Attention for Nephropathy
- BP Control < 140/80
- BP Control < 140/90

Hypertension

■ Controlling High Blood Pressure

Behavioral Health

■ Initiation and Engagement of Alcohol and Other Drug Dependence Treatment

4 Indicators

- Initiation: Age Groups 13-17 and 18+
- Engagement: Age Groups 13-17 and 18+

■ Antidepressant Medication Management

2 Indicators

- 84 days medication coverage
- 180 days medication coverage

■ Follow-up After Hospitalization for Mental Illness

2 Indicators

- Follow-up within 7 days of discharge
- Follow-up within 30 days of discharge

CAHPS Measures

- Rating of Health Plan
- Customer Service Composite
- Getting Care Quickly Composite
- Getting Needed Care Composite
- How Well Doctors Communicate Composite

Special Emphasis Areas:

Wellness & Prevention – HEDIS™ Measures

- Well child visits in the first 15 months of life – 0 visits with a PCP
- Well child visits age 3, 4, 5, 6 years of age
- Childhood immunization services – combo 10
- Adolescent well care visits
- Immunization for adolescents – combo 1
- Children and adolescent's access to primary care providers – age group 12 to 19 years
- Adults' access to preventive/ambulatory health services – age group 20 to 44 years
- Percent of members who rated their QHP at 8, 9 or 10 (where 10 is best CAHPS score)

Chronic Diseases – HEDIS™ Measures

- Asthma (3 measures – use Total Rate for each measure)
- Cardiovascular Conditions (2 measures)
- COPD (2 measures)
- Diabetes (1 measure) – use HbA1c < 7
- Hypertension (1 measure)

Maryland Specific Performance Measures

- Qualified Health Plan quality initiatives
- Qualified Health Plan focus on cultural and ethnic diversity of membership (RELICC)



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